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3305.1 Attorney Docket Number **DECLARATION FOR UTILITY OR** Truison et al **First Named Inventor DESIGN** PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) 1 **Application Number** □Declaration **⊠**Declaration 08/03/2001 Filing Date Submitted OR Submitted after Initial Filing (surcharge With Initial Group Art Unit (37 CFR 1.16 (e)) Filing required) **Examiner Name**

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHODS OF ARRAY SYNTHESIS										
the specification of which (Title of the Invention)										
☑ is attached hereto										
OR										
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.										
I acknowledge the duty to disclo	ose information which is mate	rial to patentability as defined	d in 37 CFR 1.56							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?					
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO					
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
ApplicationNumber(s) Filing Date (MM/DD/YYYY)										
			numbers a a suppleme	provisional appli re listed on ental priority data 2B attached here	a sheet					

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

prior application and	i ille Hall	JII OI POI II	REITANO	. 10,1 11:	ing us		app								
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)						Parent Patent Number (if applicable)					
60/223,290				08/03/2000											
Additional U.S. o	r PCT int	ernational ap	plication	num	bers a	are liste	ed on a	supp	lementa	al priorit	ty data shee	et PTO/	SB/02B attach	ned hereto.	
As a named inventor, I hereby appoint the formatter and Trademark Office connected therewith				Customer Number			<u></u>	22	886				Place C Number I	ransact all business in the Place Customer Number Bar Code Label here	
Registered practitioner(s) name/registration number listed below															
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Joe Lieb	Joe Liebeschuetz			37,505					_				<u></u>		
☐Additional registe	ered prac	titioner(s) nan	ned on s				istered	Prac	titioner	Informa	ition sheet l	PTO/SE	/02C attache	d hereto.	
Direct all correspondence to:							22886			OR					
Name	Affymetrix, Inc.														
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Country	USA	Telephone						400/101 0000							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											SU III AUG GIU				
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor											inventor				
Given	Name (first and mid	ddle (if	anvi)		T			Fai	mily Nam	e or Su	rname		
GIVEIT		Mark				,					Tru	Ison			
Inventor's Signature													Date		
Residence: City San Jose Sta					е	CA		Cour	ntry	USA	<u> </u>	C	itizenship	USA	
Post Office Address 1240 Martin Avenue															
Post Office Address															
City		San Jose State CA				ZIP 95216			6	Countr	y U	USA			
Additional inv	entors ar	e being nam	ed on th	ne .	s	uppler	<u>me</u> ntal	Addi	tional l	nvento	r(s) sheet(s) PTO	/SB/02A atta	ched hereto.	

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

Name of Additional Jo	☐ A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname								
Glenn	McGall											
Inventor's Signature	Hen	W			66	ate	08-03-01					
Residence: City	Mountain View	State	CA	COuntry US			Citizenship		Canada			
Post Office Address	750 North Shoreline	750 North Shoreline Blvd.										
Post Office Address												
City	Mountain View	State	CA	ZIP	9404	11	Country	USA				
Name of Additional J	oint Inventor, if any:		☐ A petition has been filed for this unsigned inventor									
Given Na	Family Name or Surname											
Jacqueline	Fidanza											
Inventor's Signature	Jan	AT	~					Date	08/03/01			
Residence: City	San Francisco	State	$\stackrel{\sim}{\sim}$	Count	ry	USA	Citi	Citizenship USA				
Post Office Address	3661A 18th Street											
Post Office Address					044	40		USA				
City	San Francisco	State	CA	Zip	941		Country					
Name of Additional J	oint inventor, if any:		A	☐ A petition has been filed for this unsigned inventor								
Given Na	Family Name or Surname											
Inventor's Signature								Date				
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